

B. AGENCY CAPACITY

WISCONSIN STATE STATUTES RELEVANT TO TITLE V MCH/CSHCN PROGRAM AUTHORITY

The Wisconsin Legislature has given broad statutory and administrative rule authority to its state and local government to promote and protect the health of Wisconsin's citizens. In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for Wisconsin and created an integrated network for local health departments and the state health division. In 1998, Public Health Rules HFS 139 and HFS 140 were completed to provide specific guidance concerning the statutory requirements necessary to build the capacity to protect the health of Wisconsin's residents. HFS 139 outlines the qualifications of public health professionals employed by local health departments and HFS 140 details the required services necessary for a local health department to reach a level I, II, or III designation. These important public health statutes provide the foundation and capacity to promote and protect the health of all mothers and children including CSHCN needs in Wisconsin. Chapters 250-255 address the following areas:

Chapter 250 defines the role of the state health officials including the state health officer, chief medical officers, the public health system, the power and duties of the department, qualifications of public health nursing, public health planning, and grants for dental services.

Chapter 251 describes the establishment of local boards of health, its members, powers and duties, levels of services provided by local health departments, qualifications and duties of the local health officer, and how city and county health departments are financed.

Chapter 252 outlines the duties of local health officers regarding communicable disease to include the immunization program, tuberculosis, sexually transmitted disease, acquired immunodeficiency syndrome, blood tests for HIV, and case reporting.

Chapter 253 mandates a state maternal and child health program in the Division of Public Health to promote the reproductive health of individuals and the growth, development, health and safety of infants, children and adolescents.

Chapter 253 can be found in its entirety in Appendix A. It addresses:

- s. 253.06 State supplemental food program for women, infants, and children
- s. 253.07 Family planning (Wisconsin Administrative Code Chapter HFS 151 describes family planning fund allocations).
- s. 253.08 Pregnancy counseling services
- s. 253.085 Outreach to low-income pregnant women
- s. 253.09 Abortion refused; no liability; no discrimination
- s. 253.10 Voluntary and informed consent for abortions
- s. 253.11 Infant blindness
- s. 253.115 Newborn hearing screening
- s. 253.12 Birth defect prevention and surveillance system
- s. 253.13 Tests for congenital disorders
- s. 253.14 Sudden infant death syndrome

Chapter 254 focuses on environmental health and includes health risk assessments for lead poisoning and lead exposure prevention, screening requirements and recommendations, care for children with lead poisoning or lead exposure, lead inspections, lead hazard reduction, asbestos testing, abatement, and management, indoor air quality, radiation, and other human health hazards.

Chapter 255 addresses chronic disease and injuries and outlines cancer reporting requirements, cancer control and prevention grants, breast and cervical cancer screening programs, health screening for low-income women, tanning facilities, and the Thomas T. Melvin youth tobacco prevention and education program.

Other relevant maternal and child health statutes are summarized as follows:

Chapter 143 details services for hearing impaired children to include eligibility requirements for hearing impaired children in need of amplification and services, services available, financial services, and requirements for participating clinical audiologists.

Chapter 146 collapses various miscellaneous health provisions together in one chapter. Several statutes are specific to maternal and child health as follows:

- s. 146.0255 Testing infants for controlled substances or controlled substance analogs
- s. 146.38 Health care services review; confidentiality of information
- s. 146.55 Emergency medical services programs
- s. 146.57 Statewide poison control system
- s. 146.81 Health care records; definitions
- s. 146.815 Contents of certain patient health care records
- s. 146.819 Preservation or destruction of patient health care records
- s. 146.82 Confidentiality of patient health care records
- s. 146.83 Access to patient health care records
- s. 146.93 Primary health care program

Additional related statutes include Chapter 20, Subchapter V Human Relations and Resources that:

- s. 20.433 Establishes the child abuse and neglect prevention board
- s. 20.434 Establishes the adolescent pregnancy prevention and pregnancy services board
- s. 20.435 Defines Health and Family Services Department
- s. 20.436 Defines the Tobacco Control Board
- s. 20.9275 Prohibits funding for abortion-related activities as a result of 1997 Wisconsin Acts 27 and 237

Chapter 46 addresses social services. Specific maternal and child health related statutes are listed as follows:

- s. 46.22 County social services funding, power and authority.
- s. 46.23 County department of human services, intent, delivery of services plan, and board makeup
- s. 46.238 Infants whose mothers abuse controlled substances or controlled substance analogs
- s. 46.24 Assistance to minors concerning parental consent for abortion
- s. 46.245 Information for certain pregnant women

Chapter 48 is the Children's Code and s. 48.981 addresses abused and neglected children and abused unborn children.

Chapter 49 Subchapter IV addresses Medical Assistance of which the following are of interest for maternal and child health:

- s. 49.45(44) Providers in Milwaukee County to provide prenatal, postpartum and young child care coordination for children who have not attained the age of seven
- s. 49.46 Medical assistance and recipients of social security aids
- s. 49.465 Presumptive medical assistance eligibility

Chapter 51.44(5) creates the authority to implement a statewide program of services for children in the age group birth to 3 who are significantly delayed developmentally regarding cognitive development, physical development, and social and emotional development.

TITLE V MCH/CSHCN PROGRAM'S CAPACITY TO PROMOTE/PROTECT THE HEALTH OF MOTHERS AND CHILDREN INCLUDING CSHCN

The Division of Public Health (DPH), Bureau of Community Health Promotion (BCHP), Family Health Section (FHS) is designated as Wisconsin's Title V MCH/CSHCN Program. The DPH works in collaboration with numerous state agencies and private organizations, LHDs, and community providers to assure that adequate health care services are delivered to mothers, children, and families in Wisconsin. Highlights from key partnerships will be provided throughout the grant application.

In addition to providing annual funding allocations to local, regional, and statewide agencies and organizations, the agency engages in:

- Promoting and facilitating collaboration among agencies and organizations toward a shared maternal and child health mission as well as help to avoid duplication of effort,
- Enhancing service delivery by working with the agencies' strengths,
- Providing education and training and technical assistance including evidence-based practice,
- Providing data support through SPHERE as well as facilitating data access through vital records, and
- Assuring quality of service delivery.

In conjunction with Wisconsin's strong partnerships and sound public health law, the DPH, BCHP, FHS is well-positioned to provide prevention and primary care services for pregnant women, infants, children including CSHCN and their families that are family-centered, community-based, and culturally appropriate.

Federal grants are the primary source of funding for the majority of public health infrastructure, services and activities in Wisconsin. The amount of state Generated Purpose Revenue (GPR) available to support the Division's capacity for the health of the maternal and child health population, even when state mandates exist, is minimal. Therefore, we are in constant pursuit of additional grants to enhance our agency's capacity in the area of maternal and child health programming. In addition to the Title V Block Grant (\$11.2 million), the FHS manages 24 additional grants totaling over \$14 million that address a range of maternal and child health related-services such as: screening and early intervention enhanced services, injury prevention

and surveillance, maternal and child health services and system building including specific CSHCN activities, and breast and cervical cancer screening for women 35-64 years of age.

Recently, the Family Health Section successfully received three new grants:

- A federal MCHB Maternal and Child Health Improvement Project for CSHCN to enhance Early Hearing Detection and Intervention (EHDI) (which we named Wisconsin Sound Beginnings);
- A federal MCHB President's New Freedom Initiative State Implementation Grants for Integrated Community Systems for CSHCN (which we refer to as Wisconsin Integrated System for Communities Initiative (WISC-I); and
- The CDC funded Wisconsin Early Hearing Detection and Intervention (EHDI) Tracking, Referral, and Coordination Project (which we call WE-TRAC).

STATE PROGRAM COLLABORATION WITH OTHER STATE AGENCIES AND PRIVATE ORGANIZATIONS

The Wisconsin Title V MCH/CSHCN Program is committed to strong state and community program collaboration including the coordination of health services as appropriate. Regular partners include Wisconsin's major hospitals, universities, research centers, private organizations, nonprofit groups, community-based organizations, and local health departments. Approximately 60% of Wisconsin's Title V funds are released as "local aids" either as a non-competitive performance-based contract to LHDs who have "first right of refusal" or as a competitive Request for Proposal (RFP) for specific, statewide or regional initiatives. Five statewide projects will begin July 1, 2005 through December 31, 2010, that will address services to: improve infant health and reduce disparities in infant mortality; support a genetics system of care; improve child health and prevent childhood injury and death; improve maternal health and maternal care; and create a parent-to-parent matching program for families with CSHCN. A new cycle for the Regional CSHCN Centers will begin January 1, 2006 through December 31, 2010 and will be aligned with the six federal core outcomes as part of the President's New Freedom Initiative. In addition, Regional CSHCN Centers will partner in the implementation of Wisconsin's new MCHB funded CSHCN Integration grant. Recently, HRSA selected Wisconsin as one of seven Leadership States to help promote the implementation of the six core components of a community-based system of services through the Medical Home concept.

STATEWIDE MCH PROGRAM COLLABORATIONS

Improve Infant Health and Reduce Disparities

The Infant Death Center of Wisconsin (IDC-W) is funded through June 30, 2005 to provide Statewide Services for Sudden, Unexpected Infant Death. The mission is to: 1) Provide bereavement information, counseling and support, in a culturally competent manner, to families and others affected by the sudden and unexpected death of an infant, 2) Engage in collaborative outreach, education, and infant mortality review activities to improve the health of infants and reduce infant deaths, and 3) Maintain data on sudden and unexpected infant death in partnership with the public health system and national infant mortality review program. In 2004, 199 families or other individuals affected by a sudden or unexpected infant death received bereavement support services from the IDC-W. Seven parents were trained to provide peer support. Coroners and Medical Examiners received education related to cause and manner of death in sudden and unexpected infant deaths. Focus groups were held with African Americans

to improve delivery of the SIDS risk reduction message. IDC-W provided leadership and facilitation for Healthy Babies teams and continued collaborative efforts with the Healthy Start projects, Milwaukee Fetal Infant Mortality Review (FIMR) Program, Milwaukee hospital QI group, Black medical providers in Milwaukee, and the March of Dimes.

Beginning July 1, 2005, the new statewide collaboration will focus on the following activities: 1) Support coalition building for the Healthy Babies in Wisconsin initiative, 2) Provide education on evidence-based strategies that improve infant health and reduce disparities in infant mortality, 3) Provide bereavement support services to families and others who are affected by a sudden or unexpected infant death, and 4) Establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality. Project activities are based on a lifespan approach, evidence-based practices identified by the Perinatal Periods of Risk data model, recommendations from the Milwaukee FIMR, and core competencies identified for bereavement counseling for SIDS and infant mortality.

Statewide Genetics System

The University of Wisconsin-Madison Clinical Genetics Center is funded through June 30, 2005 to provide a Statewide Genetic Services Network. The intent of the Statewide Genetic Services Network is to provide both direct and indirect services so that as large a population of individuals and families with genetic disorders as possible can be cared for. Direct services are provided through clinics in eight cities throughout the state of Wisconsin. Indirect services include educational and training programs throughout the state targeting both consumers and professionals. In 2004, 655 families or individuals affected by a genetic condition were seen in clinical genetics clinics supported by the Statewide Genetic Services Network, and approximately 2,900 individuals were reached through educational presentations. In addition, the Statewide Genetic Services Network supports the Wisconsin Teratogen Information Service and the Wisconsin Stillbirth Service Program. The Teratogen Information Service provides consultations regarding pregnancy exposures. In 2004, 282 consultations were provided through the Teratogen Information Service. The Wisconsin Stillbirth Service Program is a University of Wisconsin and community collaboration involving approximately 70 birthing hospitals. It is an unreplicated service and unique model of care that provides expert consultation regarding the otherwise underserved population of families who have experienced stillbirth. In 2004, 74 consultations were provided through the Wisconsin Stillbirth Service Program.

Beginning July 1, 2005, the new Statewide Genetics System will focus on the following priorities: 1) Establish a genetics advisory committee, 2) conduct comprehensive genetics needs assessment activities, 3) form a genetics specialty care providers network, 4) provide genetics education for providers and consumers, and 5) provide direct clinical genetics services to underserved populations. Project activities are based on recommendations made in the Genetic Services Plan for Wisconsin.

Improve Child Health and Prevent Childhood Injury and Death

Beginning July 1, 2005, the new statewide collaboration will focus on a statewide system to improve child health and prevent childhood injury and death. This focus relates directly to the State Health Plan, Healthiest Wisconsin 2010, and the Governor's KidsFirst agenda. The program supports all three of the overarching Healthiest Wisconsin 2010 goals (eliminate health disparities, promote and protect health for all, transform the public health system). It

specifically supports system priorities for community health improvement processes and coordination of state and local public health system partnerships, and intentional and unintentional injuries and violence. The program promotes the Safe Kids, Strong Families, and Healthy Kids components of Governor Doyle's plan to improve the lives of Wisconsin children, specifically supporting reduction of family violence, ensuring safe routes to school, promoting child transportation safety, connecting families with support services, and improving the child support system. This project will focus on the following activities: 1) Further develop, coordinate and strengthen the statewide system of childhood injury prevention through a multidisciplinary collaboration of public and private sector agencies and advocates, 2) Identify and address emerging issues of importance in the areas of childhood injury prevention and child health, 3) Assist local public health departments and other community-based agencies in developing and implementing childhood injury-prevention programming based on promising or best practices, or on evidence-based decision-making, and 4) Create a local/regional Child Death Review pilot by overseeing the formation of teams that thoroughly review deaths of Wisconsin children 17 years and younger. It is hoped that over time regional child death reviews will lead to statewide and local prevention efforts that may involve education programs, training, environmental modification, legislative/regulatory recommendations, etc.

Improve Maternal Health and Maternal Care

The Wisconsin Association for Perinatal Care is funded through June 30, 2005 for the Statewide Perinatal Health System Building Program. The mission of WAPC is to improve perinatal outcomes by: 1) Leading collaborative efforts that promote, develop, and coordinate systems of perinatal care in Wisconsin, 2) Providing and supporting professional educational programs that focus on the continuum of perinatal care, 3) Valuing and engaging the talented and diverse community of perinatal health care advocates, and 4) Increasing public awareness of perinatal health. In 2004, more than 700 perinatal professional participated in educational opportunities sponsored by WAPC including an annual conference and regional forums on Perinatal Mood Disorders. Additional education was provided through publications, toolkits, position statements, manuals, study modules, and the WAPC website. Two Healthy Babies Action Teams were assisted with a facilitated discussion on unlearning racism and development of a poster to increase awareness of stress during pregnancy. WAPC supported the work of the State Maternal Mortality Review Program and the Maternal Child Health Advisory Group. In addition, WAPC has collaborated with the Center for Urban Population Health to develop PeriData, a new web-based perinatal database.

Beginning July 1, 2005, the new statewide activities will be to: 1) Provide supportive services for the State of Wisconsin Maternal Mortality Review Program, 2) Provide education on evidence-based practices that improves maternal health and maternal care, 3) Promote preconception services for women of reproductive age, and 4) Establish a pilot project that supports healthcare providers to increase risk assessment and follow-up services for women during the preconception, prenatal and interconceptional periods. Project activities are based on a lifespan approach, evidence-based practices identified by the Perinatal Periods of Risk data model, and recommendations from the Milwaukee Fetal Infant Mortality Review.

The DPH implemented the Maternal Mortality Review Program in 2001 to assess, reduce, and prevent pregnancy-associated death among women in Wisconsin by identifying women who died during pregnancy or within one year of termination of pregnancy. Data abstraction is conducted regarding individual and clinical risks, health care utilization, and community services. Case-specific data is summarized and presented to a multi-disciplinary team for a systematic review of important contributing factors amenable to modification or prevention.

Through a team process, recommendations are made for policies, services, and programs to improve maternal survival. The work of the Case Review Team was published in the Wisconsin Medical Journal. Pregnancy-related deaths in Wisconsin are generally similar to those of the U.S. population overall and recommendations include: addressing racial disparities, assuring the performance of autopsies, lifestyle changes related to obesity and smoking, and management of embolic and cardiovascular disease, as well as postpartum hemorrhage.

Improve Parent Support Opportunities for Families with CSHCN

The Regional CSHCN Centers were charged to promote a parent-to-parent support network to assure all families of CSHCN have access to parent support services. The County Parent Liaisons (CPLs) worked with the Regional CSHCN Centers to determine what opportunities are available for families to receive support from other families. Many opportunities were identified such as over 200 parent support groups being identified and entered into the First Step database. A formal way to match a parent to another parent was not found. After researching 29 other state models, a Parent-to-Parent Matching Program for families with CSHCN was developed and funding provided by Title V through a competitive grant process. The Parent-to-Parent Matching Program will begin active outreach to families and anticipates serving 400 families with the intent to promote a comprehensive and individualized matching program based on family-centered and culturally effective practices that is available to all families across the state who have a child with special health care needs.

Regional CSHCN Program Collaborations

Regional CSHCN Centers: The State CSHCN Program, through a competitive process in 1999, established five Regional CSHCN Centers located in each DPH region to form a statewide, integrated system for children with special health care needs and their families by increasing the capacity of local communities to serve families. The creation of the Regional Centers was in response to a series of assessments conducted throughout Wisconsin with families and providers along with technical assistance from national experts over the course of several years. Families and providers indicated a need: for easy access to information, referral and follow-up services; wanted access to technical assistance and educational opportunities; and recognized a need for care coordination services that included health benefits counseling. In addition, families wanted to be linked to the parent support services such as parent-to-parent networks. The goals of the Regional CSHCN Centers are to:

- Provide a system of information, referral, and follow-up services so all families of children with special health care needs and providers have access to complete and accurate information.
- Promote a parent-to-parent support network to assure all families have access to parent support services and health benefits counseling.
- Increase the capacity of LHDs and other local agencies, such as schools, to provide service coordination.
- Work to establish a network of community providers of local service coordination.
- Initiate formal working relationships with LHDs and establish linkages for improving access to local service coordination.

Each Regional CSHCN Center has distinct characteristics (located in regional hospital, children's hospital, academic training center, local health department, and family resource center) that collectively present a variety of viewpoints and areas of interest and influence. Currently, Title V block grant dollars are provided to local agencies in every county through

contracts with the Regional CSHCN Centers. The Regional CSHCN Centers have established a network of CPLs. Many CPLs are directly connected to the local health department or other community agency.

The Regional CSHCN Center model will be refined based on lessons learned over the past six years and focused on the six core (national) outcomes.

Statewide MCH Hotline

Public Health Information and Referral (PHIR) Services for Women, Children and Families (hotline services) - Gundersen Lutheran Medical Center - LaCrosse provides services for the PHIR Services for Women, Children and Families contract. The contract supports services for three different hotlines that address a variety of MCH issues to include: Healthy Start, Prenatal Care Coordination (PNCC), WIC, family planning, and women's health issues. One hotline, Wisconsin First Step, is specifically dedicated to supporting the needs of the Birth-3 Program, the Regional CSHCN Centers, and providing information and referral services to individuals, families, or professionals needing to find resources for CSHCN.

In 2004 the MCH Hotline received 8,549 calls; an increase of 516 calls from 2003. Just over 3% of the calls required Spanish translation. The Wisconsin First Step Hotline received 2,103 calls in 2004; an increase of 604 calls from 2003. In addition to the toll-free hotlines, the website www.mch-hotlines.org has become a well-utilized resource. In 2004 the website received approximately 35,000 hits to the entire site. A searchable database feature was added to the website in 2003 and is powered by Resource House software. The implementation of this search engine provides users with the ability to query information in a taxonomy (or classification terms) to better accommodate their information and referral needs search. In addition, in 2004 a pregnancy assessment tool and a user feedback form were added to the website and work has begun to translate the website pages in Spanish. (Note: because of contract difficulties with the web developer data available was sparse and limited for 2004. The contractor has now integrated the website with their agency's web and will receive support accordingly). The annual formal update to the database occurs in the fall.

OTHER KEY STATE COLLABORATIONS

Reproductive Health Services

In 2004, the DHFS established a Family Planning and Reproductive Health Council. Its role is to provide advice to the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. Through this Council, collaboration among the MCH's Family Planning Program, the Wisconsin Medicaid Program (which administers the Medicaid Family Planning Waiver), and external health care providers has significantly increased. As a result of this collaboration we have seen the Family Planning Waiver become successful in Wisconsin. Through December 31, 2004, 55,515 women were enrolled; representing approximately 17% of the estimated Waiver eligible population.

MCH Advisory Committee

The MCH Advisory Committee consists of about 40 diverse members representing various backgrounds who come together on a quarterly basis for the purpose of advising the Division of Public Health on important maternal and child health issues as requested. The meetings

provide the members with current information, encourage sharing and networking of pertinent information, and the opportunity to discuss issues related to the MCH program. Its diverse membership fosters the development of informal relationships with representative of a broad range of entities. Membership includes parents, and representatives of local health departments, nonprofit agencies, tribal agencies, and academic institutions.

Each year the MCH Advisory Committee selects a primary content focus. In 2004, the MCH Advisory Committee identified Early Childhood Comprehensive Systems. Members were briefed on state and national ECCS efforts and activities. Committee comments were solicited on the year-one progress report and year-two plan. Advisory committee members formed three subcommittees to further explore ECCS issues: 1) Health in Child Care, 2) Qualitative Needs Assessment, and 3) Milwaukee Focus. Each subcommittee was facilitated by a committee member and MCH program staff person. Subcommittees identified children's needs across the ECCS component areas and identified strategies to address needs. In addition, the Health in Childcare subcommittee reviewed a summary and suggestion paper, the Qualitative Needs Assessment subcommittee reviewed examples of responses from parent focus groups and key informant interview, and the Milwaukee Focus subcommittee reviewed and commented on the Milwaukee area environmental scan. The ECCS federal contact, Joe Zogby, recently attended one of the MCH Advisory Committee meetings.

Throughout the year, committee members were kept apprised of the Blue Cross/Blue Shield asset conversion funds available through the Medical College of Wisconsin and the University of Wisconsin Medical School. Several members were involved in the preparation and submittal of applications. Members also received regular updates on previous key issues explored by the committee, including medical/dental home and perinatal disparities and general federal updates regarding Title V.

C. ORGANIZATIONAL STRUCTURE

On January 6, 2003, Jim Doyle was sworn in as Wisconsin's 44th Governor. Concurrently, Barbara Lawton was sworn in as Wisconsin's first female elected Lieutenant Governor. Through her work, such as her Wisconsin Women = Prosperity initiative, she has championed women's health issues.

Prior to serving as Governor, Mr. Doyle was the state Attorney General for 12 years and known as a national leader in the fight to improve public health through his successful lawsuit against the tobacco industry. Today, Governor Doyle considers children a high priority. In order to invest in Wisconsin's future he developed an ambitious initiative known as the KidsFirst Agenda. Governor Doyle believes "that the single most important thing we can do today to ensure a strong, successful future for Wisconsin is to invest in our kids earlybecause what we do now will determine what kind of state Wisconsin will be 10, 20, even 50 years from now" (KidsFirst 2004). KidsFirst has four parts: Ready for Success; Safe Kids; Strong Families; and Healthy Kids. We are working to implement the Governor's KidsFirst effort which will contribute to improving the health of children by:

- Providing all children with health care coverage
- Improving oral health care
- Immunizing children on time
- Serving kids a healthy school breakfast
- Ensuring eligible families receive food stamps

- Teaching children fitness and nutrition for life
- Reducing youth smoking
- Stepping up efforts to reduce teen pregnancy
- Reducing children's exposure to lead paint
- Helping kids with asthma
- Giving infants a healthy start
- Promoting early childhood mental health

A copy of the publication can be found at www.wisgov.state.wi.us.

In July 2004, the Governor requested that DHFS implement the Public Health Restructuring Plan with the purpose to focus and streamline the role of state government to: improve state agency operations and to free up resources to invest in local government and other public health partners and shift some regulatory and case specific services to the local level where they can be performed more efficiently and effectively. Governor Doyle remains committed to reducing the size of state government which includes the number of state employees (or full time equivalents).

Governor Doyle named Helene Nelson as the Secretary of the Department of Health and Family Services. She is an experienced executive in state and county government and served under four different governors as Deputy Secretary or Chief Operating Officer for five state agencies: Revenue; Transportation; Health and Social Services; Industry, Labor and Human Relations; and Agriculture, Trade and Consumer Protection. In April 2005, Roberta Harris was appointed as the Deputy Secretary and will serve as chief operating officer for the Department overseeing internal management on behalf of the Secretary. She is recognized as a highly effective leader in the Milwaukee community and will be sharing her time between Madison and Milwaukee focusing on the Governor's KidsFirst agenda.

There are seven major divisions/offices in the Department of Health and Family Services. Official and dated organizational charts are on file in the state office and available on request or accessible via the website at www.dhfs.state.wi.us/organization/dhfs/functions.pdf. A brief summary of each division/ office follows.

- The Office of Legal Counsel (OLC) is an office within DHFS which serves the Secretary and acts as a resource for the Department as a whole. The mission of OLC is to provide effective and accurate legal services and advice to the Department.
- The Office of Strategic Finance (OSF) provides department wide planning, budgeting, evaluation and audit services.
- The Division of Management and Technology (DMT) provides management support for fiscal services, information technology, personnel, affirmative action, and employment relations.
- The Division of Children and Family Services (DCFS) focuses on issues, policies and programs affecting children and families from a social service perspective, and has the responsibility for the regulation of the child welfare programs.
- The Division of Disability and Elder Services (DDES) is responsible for 1) long term support for the elderly and people with disabilities including the Birth-3 Program, 2) mental health and substance abuse services and 3) regulation and licensing.

- The Division of Health Care Financing (DHCF) is responsible for administering the Medical Assistance (Medicaid), Food Stamps, Chronic Disease Aids, Health Insurance Risk Sharing Plan (HIRSP) and General Relief programs.
- The Division of Public Health (DPH) is responsible for providing public health services, and environmental and public health regulation. The Division has programs in the areas of environmental health; occupational health; family and community health including injury prevention, emergency medical services, chronic disease prevention and health promotion; and communicable diseases. It is also responsible for issuing birth, death, marriage and divorce certificates as well as collecting statistics related to the health care industry and the health of the people in Wisconsin. Coordination and collaboration with other DHFS divisions and within DPH's bureaus is expected and regular, especially for particular programs and topic areas such as CSHCN, teen pregnancy prevention, STIs, tobacco use, child abuse prevention, etc.

The DPH Administrator position has been vacant for nearly two years. As of July 11, 2005, Dr. Sheri Johnson will assume the position as Division of Public Health Administrator and Herb Bostrom, currently Interim Administrator, will become Deputy Administrator. Dr. Johnson holds a M.A. and Ph.D. in Clinical Psychology from Boston University with clinical fellowship experience from Harvard Medical School. Her interests and experiences include trauma, HIV/AIDs, foster care, and community influences on child and adolescent development. She has conducted research on addressing racial disparities and assuring cultural competence in health care.

With the restructuring completed in July 2004, five bureaus were formed (reduced from six bureaus) within the DPH:

- The Bureau of Community Health Promotion (BCHP) has a primary responsibility to provide a statewide model of integrative public health programming across the life span. The Bureau has key relationships with local health departments, community-based organizations, private voluntary organizations, and academic and health care provider networks.

The BCHP contains four organizational sections: *Family Health*; *Nutrition and Physical Activity*; *Chronic Disease and Cancer Prevention*; and the *Tobacco Prevention Program*. The BCHP has over 100 employees, doubling in size as two bureaus merged together as part of the restructuring plan.

Within the BCHP, the *Family Health Section* has responsibility for the Title V Program and to improve the health of women, infants, children including Children with Special Health Care Needs Program (CSHCN), teens, and families as they progress through the critical developmental milestones of life. A major emphasis of the programs within the Family Health Section involves prevention (including injury prevention and sexual assault prevention), early screening, and early intervention. Examples of the continuum include newborn screening, universal newborn hearing screening, early identification of pregnancy, and breast and cervical cancer screening. A more detailed description of the Family Health Section is found in Section III, D.

The *Nutrition and Physical Activity Section* has responsibility for a variety of public health nutrition education and food programs. WIC (The Special Supplemental Nutrition Program for Women, Infants and Children) and WIC FMNP (Farmers' Market Nutrition Program) provide both supplemental nutritious foods and the critical nutrition information

needed for healthy growth. TEFAP (The Emergency Food Assistance Program) and CSFP (Commodity Supplemental Food Program) provide USDA commodity foods to low income families. Several nutrition education programs such as the Nutrition and Physical Activity Program, 5 A Day for Better Health, and the Food Stamp Nutrition Education Program to promote healthy eating and physical activity for good health. The Section is also responsible for addressing food insecurity and hunger.

The *Chronic Disease and Cancer Prevention Section* has responsibility to plan, promote, implement, and evaluate comprehensive population and evidence-based programs using best practices in the following areas: Diabetes Prevention and Control, Cardiovascular Health, Arthritis Prevention and Control, and Comprehensive Cancer Prevention and Control.

The *Tobacco Prevention Section* has responsibility to reduce tobacco use and exposure in every Wisconsin community. This is accomplished through programs that use best practices to prevent the initiation of smoking by youths and adults, promoting treatment for persons with tobacco-related addictions, and protecting all residents from exposure to environmental smoke.

- The Bureau of Communicable Diseases and Preparedness is responsible for the prevention and control of communicable diseases in Wisconsin and for ensuring that the public health and hospital systems are fully prepared for bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.
- The Bureau of Environmental and Occupational Health promotes public health through statewide programs to increase public awareness of environmental and occupational health hazards and disease and works to prevent and control exposure to environmental and occupational health hazards.
- The Bureau of Health Information and Policy's primary responsibilities are to: collect, maintain and provide vital records for the citizens of the state; integrate and manage major public health related information systems; collect, protect, disseminate and analyze health care and population-based health data needed to conduct critical state business; and support a division-wide planning and policy focus on population health that will result in achieving the goals set out in the state health plan, Healthiest Wisconsin 2010.
- The Bureau of Local Health Support and Emergency Medical Services has a primary responsibility to build partnerships and to provide leadership and support through the development and recommendations of statewide policy related to the Wisconsin Public Health System and emergency medical services community.

The Regional Offices of the Division of Public Health primarily function as information pipelines through which central office and local health departments communicate.